

**Maricopa Integrated Health Systems
Formulary Prior Auth Criteria**

Drug: Protopic (Tacrolimus)

Therapy:

Short-term and intermittent long-term therapy in the treatment of patients with moderate to severe atopic dermatitis

Indications:

Trial and failure of at least two corticosteroid of medium, high and very high potency
Documentation of allergy or contraindication to any corticosteroid formulation
Diagnosis of moderate to severe atopic dermatitis or moderate to severe eczema
Request comes from Dermatology

Exclusions:

Atopic dermatitis that are clinically infected
Patients with Netherton's Syndrome or generalized erythroderma
Acute infectious mononucleosis

Authorization:

Four weeks

Medical Director_____

Date_____